Approved for use through 7/31/2005, OHB 0651-0072

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COUNTRIES

U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COUNTRIES

**Expenses Reduction Act of 1895, no persons are required to respond to a confection of information unless it displays a walk OMB confect murber.

**Expenses ADDM (CATION) SEE DETERMINATION RECORD

| Application/or Docket Number | Patients | Patien

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								10/005936		
APPLICATION AS FILED - PART I (Cotumn 1) (Cotumn 2) SMALL E								OR SMALL ENTITY		
	FOR		NUMBER FILED		NUMBER EXTRA		FEE (S)		RATE (\$)	FEE (S)
	IC FEE		NA		N/A]	NA	
(37 CFR 1.16(a), (b), or (c)) SEARCH FEE			N/A		N/A]	N/A	
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE (37 CFR 1.16(a), (p), or (q))			N/A		N/A				N/A	
TOTAL CLAIMS (37 CFR 1.16(1))			minus 20 =				9	OR	х =	
INDEPENDENT CLAIMS (37 OFR 1.16(h))		AS	minus 3 *			x]	х =	
APP FEE	LICATION SIZE FR 1.16(4))	sheets of is \$250 (\$	If the specification and drawings exceed sheets of paper, the application size fee is \$250 (\$125 for small entity) for each 2/3titional 50 sheets or fraction thereof. 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16())					NA]	N/A		
* If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL]	TOTAL	
	APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CAIMS HIGHEST						L ENTITY	OR]	OTHER SMALL RATE (5)	
ΤA	1	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	TIONAL FEE (\$)		(,)	TIONAL FEE (S)
AEN AEN	Total ar CFR 1.14(1)	7.5	Minus	" 25	" ზ	×	è	€R	x 50 =	
AMENDMENT	Independent (37 CFR 1.16(h))	· 7	Minus	" 3	S)	x	=	OR	200 =	
	Application Size Fee (37 CFR 1.16(s))							-		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					N/A		OR	N/A	
					TOTAL ADO'L FE	: L	OR	TOTAL ADO'L FEE	<u> </u>	
		(Column 1)		(Column 2)	(Column 3)			-		· · · · · · · · · · · · · · · · · · ·
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (S	ADDI- TIONAL FEE (\$)		RATE (\$)	ADOI- TIONAL FEE (\$)
	Total Groff 1.16(1)	•	Minus	-	*	x		OR	х =	
	Independent OF OFR LISTAD	•	Minus	***	=	x	<u>- </u>	OR	x e	
	Application Size Fee (37 CFR 1.16(s))							-		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(1))					N/A		OR	N/A	
						TOTAL ADD'L FE		OR	TOTAL ADO'L FEE	1

"If the Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20".

"If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

"If the Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For' (Total or independent) is the Nighest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the INSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, use pathering, preparing, and submitting the completed epotication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of sime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of sime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of sime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the amount of sime you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.